

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/510936

APPLICANT(S)

12/29/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	2		2			
5	1		1			
6	1		1			
7	1		1			
8		1		1		
9	1		1			
10	1		1			
11	1		1			
12		1		1		
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	2		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	1		4			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	2		1			
33	1	1				
34	1		1			
35	2		2			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8		5			
TOTAL DEP.	38	↔	39	↔	↔	↔
TOTAL CLAIMS	46		44			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔		↔	↔	↔
TOTAL CLAIMS						